

INITIAL TRAINING SCHOOL APPLICATION**Form Code: PSS_TA Fee Code:140****24 Month - \$800.00**

Check or Money Order payable to:
Treasurer, Commonwealth of Virginia
Application Fees are Non-Refundable

COMMONWEALTH OF VIRGINIA*Department of Criminal Justice Services***Private Security Services Section****P.O. Box 10110, Richmond, VA 23240-9998****Phone #: (804) 786-4700; Fax #: (804) 786-6344****Website: www.dcjs.org/privatesecurity****Status Hotline: (804) 786-1132 or 1-877-9STATUS**

1. Legal Entity Name: _____

2. Trade or Fictitious Name: _____

3. Federal Employer ID Number: _____

4. Mailing Address: _____
Number and Street City/Town State Zip5. Physical Address: _____
(if different than Mailing) Number and Street City/Town State Zip

6. Telephone: Business: _____ Fax: _____

7. May the Department provide information via an e-mail address? ☐ Yes ☐ No

8. E-Mail Address: _____ Name: _____

9. Is the company located outside of Virginia ☐ Yes ☐ No

- If yes, please attach an Irrevocable Consent for Service Form (PSS_IRC) and list the **Virginia physical location where records will be maintained** below:

10. _____
Name of Business/Individual Number & Street City/Town State Zip Phone

11. Category of Training to be provided (check all that apply)

Entry Level Subjects

- | | | |
|---|--|---|
| <input type="checkbox"/> 01E Security Officer Core Subjects | <input type="checkbox"/> 02E Private Investigator | <input type="checkbox"/> 03E Armored Car Personnel |
| <input type="checkbox"/> 04E Security Canine Handler | <input type="checkbox"/> 05E Armed Security Officer Arrest Authority | |
| <input type="checkbox"/> 06E Special Conservator of the Peace Core Subjects | <input type="checkbox"/> 30E Electronic Security Subjects | |
| <input type="checkbox"/> 32E Personal Protection Specialist | <input type="checkbox"/> 35E Electronic Security Technician | <input type="checkbox"/> 38E Central Station Dispatcher |
| <input type="checkbox"/> 39E Electronic Security Sales | | |

In Service Subjects

- | | | |
|---|---|---|
| <input type="checkbox"/> 01I Security Officer Core Subjects | <input type="checkbox"/> 02I Private Investigator | <input type="checkbox"/> 03I Armored Car Personnel |
| <input type="checkbox"/> 04I Security Canine Handler | <input type="checkbox"/> 06I Special Conservator of the Peace | |
| <input type="checkbox"/> 30I Electronic Security Subjects | <input type="checkbox"/> 32I Personal Protection Specialist | <input type="checkbox"/> 35I Electronic Security Technician |
| <input type="checkbox"/> 38I Central Station Dispatcher | <input type="checkbox"/> 39I Electronic Security Sales | |

Firearms Training:

- | | | |
|---|---|---|
| <input type="checkbox"/> 07E Handgun Training | <input type="checkbox"/> 08E Shotgun Training | <input type="checkbox"/> 09E Advanced Handgun Training |
| <input type="checkbox"/> 07R Handgun Re-Training | <input type="checkbox"/> 08R Shotgun Training | <input type="checkbox"/> 09R Advanced Handgun Re-Training |
| <input type="checkbox"/> 10E Special Conservator of the Peace Handgun | <input type="checkbox"/> 10R Special Conservator of the Peace Handgun Re-Training | |

12. Please enclose the following documents. If they are not enclosed, the application cannot be processed and will be returned as incomplete.

☐ Curriculum outlines for each category selected.

☐ Copy of school regulations.

☐ Copy of the training certificate issued to students.

☐ Copy of range safety rules (if applicable).

13. If providing firearms training, please list the name of the range and phone number below:

Range: _____ Phone Number: _____

14. Type of Ownership: (Check One)

☐ Sole Proprietorship

☐ Limited Partnership*

☐ Limited Liability Company*

☐ General Partnership

☐ Corporation*

☐ Other _____

- If your business is a Limited Partnership, Limited Liability Company or Corporation, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at (804) 371-9733.

15. Virginia State Corporation Commission Number: _____
(If applicable)

16. List all Owners/Officers/Directors Below: (If corporation, list Officers/Directors listed with SCC)

Name	Title	SSN
------	-------	-----

Name	Title	SSN
------	-------	-----

Name	Title	SSN
------	-------	-----

Name	Title	SSN
------	-------	-----

If additional space is needed, please attach a separate sheet of paper

17. Have all Owners/Officers/Directors submitted fingerprints for a Criminal History Check?

☐ Yes

☐ No If **No**, all Owners/Officers/Directors are required to submit a Fingerprint application form PSS_FP, a fingerprint card and \$50.00 processing fee for a national and state criminal history check.

18. Please attach Proof of Liability: (minimum requirements) Expiration Date: _____
mm/dd/yy

☐ \$100,000 Surety Bond – *Attach copy of surety bond*

☐ General Liability \$100,000/\$300,000 – *Attach Certificate of Insurance to include exclusions.* Note:
Please verify legal entity name is reflected on certificate of insurance, if not please submit copy of insurance declarations
in addition to certificate of insurance.

19. Is your business currently licensed as a private security business in any other state or jurisdiction

☐ Yes If yes, please submit written notification of state(s) or jurisdiction(s)

☐ No

20. Have you or any owner, officer, director, or employee committed any act or omission which resulted in
a license or registration being suspended, revoked, not renewed or being otherwise disciplined in any
local, state (including Virginia) or national regulatory body?

☐ No

☐ Yes If yes, attach copies of any correspondence or documentation related to this matter to include
the name of the jurisdiction in which it took place, the license number and the name of the
business/individual involved. Provide an explanation of the events, including a description
of the disciplinary proceeding and the type of sanctions that were imposed.

21. Training Administration

Each training school must designate one (1) certified instructor as Training Director. In addition, a school
may submit a maximum of four (4) certified instructors as Assistant Training Directors.

• Training Director: _____ SSN: _____

Signature (required): _____

• Assistant Director: _____ SSN: _____

Signature (required): _____

• Assistant Director: _____ SSN: _____

Signature (required): _____

• Assistant Director: _____ SSN: _____

Signature (required): _____

22. Certified Instructors

List names of all instructors (not previously listed as director or assistant) eligible to instruct for the training school. (Use additional sheets as necessary):

Name: _____ SSN: _____

Name: _____ SSN: _____

Name: _____ SSN: _____

23. Do you have documentation on file, or have you verified that all individuals listed as eligible instructors for the training school have a current instructor certification with DCJS and that you are aware of what subjects he/she may be eligible to instruct based on that certification?

☐ Yes ☐ No If no, please submit written explanation.

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Section 9.1-138 through 9.1-150 and 9.1-150.2 through 9.1-150.4, 15.2-1737, 19.2-13, the Regulations Relating to Special Conservator of the Peace and the Regulations Relating to Private Security Services 6 VAC 20-171.

President/Principal Owner (or designated representative) _____
Print Name

Signature _____ Date: _____
mm/dd/yy

Notary:

Commonwealth of _____ County/City: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission Expires: _____

Notary Name: (Print) _____

Signature: _____ Date: _____
mm/dd/yy